

TOM SCHEDLER
SECRETARY OF STATE

STATE OF LOUISIANA
SECRETARY OF STATE



Notary Division
(225) 922-0507

Fax Numbers
(225) 932-5359 Notary

**TRANSMITTAL INFORMATION
For All Notary Filings**

Please indicate below payment and contact information

☐ Check or Money Order Enclosed

☐ Credit Card Number: _____

Expiration Date: _____

Name of person filing document

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

Mailing Address: P. O. Box 94125, Baton Rouge, LA * 70804-9125
Office Location: 8585 Archives Ave., Baton Rouge, LA * 70809
Web Site Address: www.sos.la.gov

OATH OF OFFICE

STATE OF LOUISIANA

PARISH OF _____

I, _____ do solemnly swear (or affirm) that I will support the
(Print or Type Name)
constitution and laws of the United States and the constitution and laws of this state and that I will faithfully and
impartially discharge and perform all the duties incumbent on me as Notary Public/ExOfficio Notary/Deputy Clerk.
(circle one)

for the _____
(Parish Name if Notary Public / Agency Name if Ex-Officio or Deputy Clerk)

according to the best of my ability and understanding, so help me God.

(Circle One) Mr.
Ms.
Mrs.
Miss

(Signature)

(Officials authorized to administer
oaths: Governor, Secretary of State,
Clerks of Court, Notaries Public,
Judges, Justices of the Peace)

Sworn to and subscribed before me this ____ day of _____, ____.

(Signature)

(Printed name of Official Administering Oath – I.D. number if applicable)

ATTENTION: An address and telephone number must be provided for public record.

Residence Mailing Address:

Office Mailing Address:

Telephone: _____

Telephone: _____

1. File an Oath of Office with: Secretary of State, P.O. Box 94125, Baton Rouge, LA 70804-9125.

2. File a duplicate Oath of Office with the parish Clerk of Court within one month after the oath is administered. (In Orleans Parish file with the Clerk of Civil District Court.) (See R.S. 42:162)